FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

IA ETHICS AND MPAIGN DISCLOSURE 30

2010 JUL 19 AM 10: 14

electronically. Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)	
Friends to Elect Fred Classon	FORM DR-2 DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for:	(Rev. 12/2009) REPORT
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political	
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue	For Office Use Only Comm. #
CANDIDATE COMMITTEES ONLY:	Logged In
Candidate Name Fred Classon Political Party (if applicable) Pred Classon Permicrostic	Scanned
	Computer
Office Sought Scott Co Supervisor District (If Senate or House)	Audited
Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for	nd 68A.401(3), the candidate, for a filing timely and accurate reports.
2 Head Clauser 563-38-3127	7-18-2010
SIGNATURE OF PERSON FILING REPORT TELEPHONE	DATE SIGNED
I AM FILING A July 19, 2010 dischard REPORT FOR (1) ELECTION /(2)	NON-ELECTION YEAR.
Con you is also in the property of the propert	
	Committees enter Date of Flection
Court (You must continue to file reports until a DR-3 is filed.)	nty & Local Committees, enter County in the Election is held
STATEMENT OF CASH ON HAND	
	- 69-
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	. 1028-69
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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Friends to Elect Fred Classon	E STATE OF THE STA	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MIMDD/YR)	PAC 1D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
5-17-10	ck# Cash	Robert FOX		\$50°°	
6-1-18	ID# CK# 74()	Dan Flaherty 2132 Watten IA S2814		کن [©]	
5-18-10	ю# ск# <i>7649</i>	Nick Catterson 1103 Belle AVE DAVOT SSEO	200. Tr 10	20	
6-4-10	CK# CASA	carol Schorg		20	
6-18-10	CK# Cash	unknown in mad		295	
. , consection	ID# CK#				
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	CK#			:	
			SUB-TOTAL	s	
		TOTAL (If last page	of this schedule)	\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE

MONETARY

Reset Form

	to Elect Fred Classos eports money loaned to the committee which is deposited in S FROM LAST REPORTING PERIOD \$ 3,900	the committee account.	CHECK TAMENDIN	
1- MONETARY I	LOANS RECEIVED THIS REPORTING PERIOD ce of loan, such as a bank must be shown if a third party is i		ale's personal fi	unds.)
DATE RECEIVED MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT C	FLOAN
				and the second
				**
T II - MONETARY (Loans forgiv	/ LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD ren must be reported on Schedule E — In-kind Contributions.	TOTAL (PART I)	\$	
(Loans forgiv	/ LOAN REPAYMENTS MADE THIS REPORTING PERIOD ren must be reported on Schedule E In-kind Contributions NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		\$ AMOUNT F	33PAID
(Loans forgiv DATE PAID MM/DD/YR)	ren must be reported on Schedule E In-kind Contributions. NAME AND ADDRESS OF LENDER) RELATIONSHIP TO	S AMOUNT F	REPAID
(Loans forgiv IATE PAID IM/DD/YR)	ren must be reported on Schedule E In-kind Contributions. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)) RELATIONSHIP TO	S AMOUNTS	REPAID
(Loans forgiv DATE PAID JIM/DD/YR)	ren must be reported on Schedule E In-kind Contributions. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable) Self Self	S AMOUNT S GOO 4 00	REPAID V
(Loans forgiv IATE PAID IM/DD/YR)	ren must be reported on Schedule E In-kind Contributions. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable) Self Self	S G00 4 00	REPAID

RESET

SCHEDULE F

FOR INSTRUCTIONS, SEE BACK OF FORM